

S. C. Johnson & Son, Inc.
1525 Howe Street
Racine, WI 53403-2236
262.260.2000

May 29, 2007

via OVERNIGHT MAIL (FED-EX)

Document Processing Desk - 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 S. Crystal Drive
Arlington, VA 22202

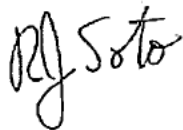
Re: FIFRA 6(a)(2) Reporting

To the 6(a)(2) Coordinator:

Attached please find summaries of 6(a)(2) incidents covering the time period of April 1 through April 30, 2007 and the corresponding VIRs for those cases.

Please call me with any questions. I may be reached at 262/260-3086.

Sincerely,

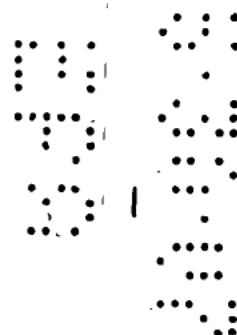
A handwritten signature in black ink that reads "RJSoto".

Ricardo J. Soto, Ph.D.
Manager, Product Stewardship

Attachments

RJS/bap

cc: J. H. Wallace, Jr.



Personal privacy information

FIFRA Incident Summary
SC Johnson
Submit Date: 5/11/2007

Row #	Case #	EPA Reg# or Active	Product	Date Registrant Became Aware of the Incident	Severity	Reporter	State in Which Reported	Incident Status
1	172679	4822-473	Raid Ant Killer 16 -17.5 oz	4/2/2007	HC	[REDACTED]	CA	New
2	173264	4822-452	Raid Max Concentrated Deep Reach Fogger (blue can) 2.1 oz	4/4/2007	HC	[REDACTED]	IN	New
3	174334	4822-530	Fantastik Antibacterial All Purpose Heavy Duty Cleaner 32 oz	4/7/2007	HC	[REDACTED]	IN	New
4	174626	4822-380	OFF! Active Insect Repellent 1 (Orange Can) - 5 oz. Aerosol - US	4/8/2007	HC	[REDACTED]	VA	New
5	174889	4822-473	Raid Ant Killer 16 -17.5 oz	4/9/2007	HB	[REDACTED]	WA	New
6	175314-1	4822-452	Raid Concentrated Deep Reach Fogger 4 pack	4/10/2007	HC	[REDACTED]	TX	New
7	178017	4822-167	OFF! Deep Woods Insect Repellent V 6 oz. Aerosol	4/19/2007	HC	[REDACTED]	TX	New
8	178908	4822-293	OUST Air Sanitizer - Outdoor Fresh	4/22/2007	HC	[REDACTED]	NJ	New
9	179420-1	4822-399	OFF! Active Insect Repellent IV Sweat Resistant Pump Spray 3 oz.	4/23/2007	HC	[REDACTED]	OH	New
10	179420-2	4822-399	OFF! Active Insect Repellent IV Sweat Resistant Pump Spray 3 oz.	4/23/2007	HC	[REDACTED]	OH	New
11	179420-3	4822-399	OFF! Active Insect Repellent IV Sweat Resistant Pump Spray 3 oz.	4/23/2007	HC	[REDACTED]	OH	New
12	180268	4822-271	Raid Wasp and Hornet Killer - 17.5 oz	4/26/2007	HC	[REDACTED]	FL	New
13	180352	4822-479	Raid Ant and Roach Killer with Germfighter 17.5 oz	4/26/2007	HC	[REDACTED]	OH	New
14	180624	4822-447	Raid Ant and Roach Insect Killer 17 Outdoor Fresh 17.5 oz	4/26/2007	HC	[REDACTED]	MI	New
15	180828	4822-529	Raid Ant Baits III USA (4 count)	4/27/2007	HC	[REDACTED]	TX	New
16	181526	4822-529	Raid Ant Baits III USA (4 count)	4/30/2007	HC	[REDACTED]	PA	New
17	181746	4822-167	OFF! Deep Woods Insect Repellent V 6 oz. Aerosol	4/30/2007	HC	[REDACTED]	SD	New
18	181852	4822-273	Raid Flea Killer Plus Carpet and Room Spray 16 oz	4/30/2007	HC	[REDACTED]	WV	New

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 172679
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>SANTA BARBARA, CA USA 03/29/2007</i>	Date registrant became aware of incident. <i>04/02/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-473</i>		EPA Registration # (Product 2)	
	A.I. (s)		A.I. (s)	
	Product 1 name <i>Raid Ant Killer 16 -17.5 oz</i>		Product 2 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?	
	Formulation <i>Aerosol</i>		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>	
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Peterson, Holly Apr 2 2007 2:56PM

CRC transfer

Unidentified Raid Aerosol spray

Hx: Caller stated that she used the product in her home on Thursday. She came home 24 hours later and slept in the home. She experienced blisters in the mouth, headache, eye irritation, coughing, sneezing and respiratory irritation within 24 hours after being back in the home. She then left the home for fresh air and stayed at a friend's house for 24 hours. S/sxs got better while being out of the home. She had her cleaning lady come in and wash everything and ventilated the areas in the home yesterday when she was out of the home. She is back into the home today. The s/sxs came back when she came back into the home. Unable to get lot # and UPC. Caller did not have container with her.

A: Unclear why she would be encountering these problems. This is not an expected effect following routine use of the product. Even with accidental contact with most of the different Raid sprays, these types of symptoms are not expected. Rec. seeking MD consult. Agreed with ventilation and washing. There are many potential causes for the s/sxs described. This product has a wide margin of safety and low level of toxicity. C/b prn

Gualtieri, John Apr 2 2007 6:03PM

Spoke at length with [REDACTED]. She is unwilling to take steps to retrieve the Raid can. She has given it to someone else to use. She thinks retrieving this can is irrelevant. She states that she thought the can was black but that it sprayed as a fine dispersed mist rather than a stream. She does not recall the label saying anything about wasps or hornets.

She is convinced this product is affecting her health. She cannot stay in her home. She wants SCJ to provide her with a place to stay until her home is back to normal. She is not interested in discussing ways of enhancing the fresh air ventilation in her home. I tried to explain to her that she should have an out-blowing window fan in one open window and an in-blowing window fan in another open window, but she kept saying she does not understand how to do this. Caller was very argumentative and continuously interrupted me mid-sentence. I explained that if she is seeking some kind of reimbursement, she should send copies of her receipts to SCJ along with a letter describing her experience and outlining her requests. I also mentioned that I would be glad to talk to her doctor about this situation.

Yeager, Greg Apr 3 2007 12:52PM

Original caller is calling back. Caller states that she is experiencing irritation in her throat, scratchy eyes, and a headache. Caller states that she contacted her MD by phone, and MD told her that there was nothing that she can do except stay out of the area. Caller does not have product to give UPC # because someone else has product. Caller would like company to reimburse her for cost of staying at a hotel because of odor.

A: Informed caller that products in general have a low level of toxicity. Informed caller that anyone who finds an odor to be too strong or unpleasant may develop non-specific sxs such as these, which typically resolve with removal to fresh air. Rec cleaning areas where product was applied with soap and water. Rec getting plenty of fresh air, and ventilating the area to remove odor. Rec having MD call with any questions about product and treating sxs.

Brutlag, Ahna Apr 4 2007 3:07PM

Dr. Karin Van Hoek

805-898-0406

MD is calling to discuss this case for her patient.

We will have a senior staff member call you soon. Caller is fine with this.

LeMaster, Steve Apr 4 2007 4:15PM

Call back to treating MD at tele# above.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Reports that she is aware of the situation -- notes that she (the pt) has a long standing history of sensitivities to chemical and would typically not use such products in her home. MD reports that pt had brought the can with her to the MD's office but left with it. Was able to identify that it was a 'Raid' product, but as caller (MD) does not have the can, she is unable to provide any code#s (UPC, etc). Doctor reports that the patient's exam was unremarkable, though she did see a single chancre sore on the patient's mouth which can be attributed to a myriad of potential causes. No specific treatment was provided to this patient.

A: Discussed issues with the odors / smells from some products and minimally bothersome sx that some people may have with them, especially with a history of problem with chemical odors. Stressed that the best way for this problem to resolve itself would be for her to take steps to aggressively ventilate her home. [REDACTED] has not been very receptive to these suggestions.

Gualtieri, John Apr 11 2007 11:09AM

Sandra Archer had followed up with [REDACTED] who now claims that her brain is troubled and she has memory loss, breathing difficulties, and severe headaches. Product was applied to the baseboards throughout her apt - bedroom, kitchen bathroom. Her apt has been cleaned well including the baseboards, bedding and her clothes. She also had her carpets cleaned. She claims there is still a strong odor from the product

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 4 of 4

Demographic information: Age: <i>Adult (20-64 years)</i> Sex: <i>Female</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Unknown route</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>	
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>24 hrs or less</i>		
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD</i>	List signs/symptoms/adverse effects <i>Dermatological-Bullae/Blisters</i> <i>Gastrointestinal-Throat Irritation</i> <i>Neurological-Confusion</i> <i>Neurological-Headache</i> <i>Ocular-Ocular irritation/pain</i> <i>Respiratory-Cough/choke</i> <i>Respiratory-Respiratory irritation</i> <i>Respiratory-Sneezing</i>	If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>		
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>				
Human severity category: <i>HC</i>				
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)				
			Internal ID # <i>172679</i>	

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 173264
	Address [REDACTED] [REDACTED] [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Greenwood, IN USA</i> <i>03/04/2007</i>	Date registrant became aware of incident. <i>04/04/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-452</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Max Concentrated Deep Reach Fogger (blue can) 2.1 oz</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Aerosol Fogger</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

*Warren, Anita Apr 4 2007 10:00AM
CRC Transfer*

Hx: Caller stated he used this product about a month ago in his bedroom and two days later he developed hives on his arms and swelling in the hands and feet. Caller stated he did not leave the home per label instructions.

A: Informed the caller this product has a low level of toxicity and a wide margin of safety. It is recommended to leave the house for several hours after use however I would not anticipate his current symptoms are related to the use of this product a month ago. Advised the caller that although he may have a sensitivity to one or more of the ingredients in the product, he has not been exposed to the product for over a month and is still experiencing symptoms which is not likely. Rec seeking allergy testing with an MD to determine what is causing his current signs and symptoms. C/b prn.

*Brandetsas, Dimitri Apr 12 2007 8:56AM
Callback. Left message with case number and callback number. Case Closed.*

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>27 Year(s)</i> Sex: <i>Male</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NA</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>3 days or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-unknown disposition</i>	List signs/symptoms/adverse effects <i>Dermatological-Hives/Welts</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # <i>173264</i>

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

- 003

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 174334
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Lafayette, IN USA 04/05/2007</i>	Date registrant became aware of incident. <i>04/07/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-530</i>		EPA Registration # (Product 2)	
	A.I. (s)		A.I. (s)	
	Product 1 name <i>Fantastik Antibacterial All Purpose Heavy Duty Cleaner 32 oz</i>		Product 2 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?	
	Formulation		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		
	Intentional misuse? <i>No</i>			
	Applicator certified? <i>UNK</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>		
How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>				

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Rathsack, Cara Apr 7 2007 11:22AM

Hx: Caller states that her and her friend were using product 2 days ago outside to wash windows. It was really windy and some of the product may have blown in her face. She doesn't remember specifically feeling that this happened. The next day she woke up with her forehead swollen, blisters on her face and her eyes were swollen. She went to Urgent care yesterday and MD said if it gets any worse to come back. No eval of eyes were done. Today her ocular sxs are worsening and her eye is almost shut.

A: Not an expected rxn to product with possible dermal contact. Product is not corrosive and would not expect blistering as result of any skin contact. Rec to seek evaluation by MD given sxs, especially ocular, multiple causes possible. Gave case #. Cb prn. Notified LT.

Nystuen, Amy Apr 10 2007 3:51PM

Called and left message on machine to Cb and gave Cb # and case #.

Nystuen, Amy Apr 11 2007 9:43AM

Called and left message on machine to Cb and gave Cb # and case #.

Warren, Anita Apr 11 2007 12:50PM

Hx: Caller stated she went to the emergency room and was treated with Benadryl and is in the process of going to an Allergist to determine exactly what may have caused her s/sxs. Caller stated her s/sxs have improved.

LeMaster, Steve Apr 21 2007 1:16PM

reviewed

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3.

Demographic information: Age: 40 Year(s) Sex: Female Occupation (if relevant): NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 24 hrs or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER/Hospital-treated & released	List signs/symptoms/adverse effects Dermatological-Bullae/Blisters Dermatological-Edema/Swelling Ocular-Ocular irritation/pain		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>			
			Internal ID # 174334

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

- 004

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 174626
	Address [REDACTED]	Address		
	Phone # [REDACTED]	Phone #		
	Incident Status: <i>New</i>	Location and date of incident <i>Waverly, VA USA 04/05/2007</i>	Date registrant became aware of incident. <i>04/08/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-380</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name <i>OFF! Active Insect Repellent 1 (Orange Can) - 6 oz. Aerosol - US</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Swedlund, Christy Apr 8 2007 5:10PM

Hx: Caller states that she used the product 3 days ago. 24 hours after application to her arms and legs she is experiencing welts and severe itching. She has bathed since exposure.

A: This is not an expected effect following routine use of the product. There are many potential causes for the s/sxs described which may include a sensitivity to the product. Rec Hydrocortisone cream to affected areas. Rec MD consult. C/b prn.

Nystuen, Amy Apr 10 2007 6:32PM

██████ states she still has bumps and is itching. She is using Benadryl and it seems to be helping but she plans to go to the doctor, she just wants to try this first.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 70 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Dermal	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 24 hrs or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). PCC Referral to HCF	List signs/symptoms/adverse effects Dermatological-Hives/Welts Dermatological-Pruritis (itching)		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
174626

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

- 005

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 174889
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Bellevue, WA USA 03/25/2007</i>	Date registrant became aware of incident. <i>04/09/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-473</i>		EPA Registration # (Product 2)	
	A.I. (s)		A.I. (s)	
	Product 1 name <i>Raid Ant Killer 16 -17.5 oz</i>		Product 2 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?	
	Formulation <i>Aerosol</i>		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Stauffenecker, Dena Apr 9 2007 2:25PM

The following incident report received by email was sent to SCI by SCJ for documentation and follow-up:

CRC number: 013219976A

Email: dsgnr2@AOL.COM

Comments: On March 25, 2007, I sprayed raid lightly on part of the tile/carpet entrance to my office. About 5 minutes later when I walked over the same area, I slipped on the sprayed area and broke my hip. I just now am able to return to my office for part days in a wheel chair and I am looking at 6-8 weeks of not being able to walk. I would like to know if you feel you have any liability as your can of spray does not say anything about not walking in sprayed areas or that it can be slippery if sprayed in a walkway. I would appreciate a response from you before I proceed any further.

Nystuen, Amy Apr 9 2007 3:48PM

██████ states she sprayed the product by the door which had tile and then carpet and walked in the area about 10 minutes later and slipped on the tile. She states she did about a 360 in the air and landed on her hip. She had surgery to repair her left broken hip on March 26. They won't take x rays to see how she is doing until 6 weeks is up.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>56 Year(s)</i> Sex: <i>Female</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>30 min or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>hospital inpatient</i>	List signs/symptoms/adverse effects <i>Miscellaneous-Broken Hip</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HB</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # <i>174889</i>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

- 006

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 175314-1
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Dallas, TX USA 04/10/2007</i>	Date registrant became aware of incident. <i>04/10/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-452</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Concentrated Deep Reach Fogger 4 pack</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Aerosol</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

*Peterson, Holly Apr 10 2007 4:14PM
CRC Transfer*

Hx: Caller is inquiring now how to clean up after the product has been used. The apartment complex was fogged while she was out of the home. She and her fiancé came into the apartment 30 minutes ago. Both the caller and her fiancé experienced coughing immediately upon entering the apartment. The caller and her fiancé have moved to fresh air with relief.

A: Rec. changing the bedding, washing the counter tops and tablets and vacuuming the carpet. Stay out of the home for 4 hours before reentering. Ventilate the area, Once the product is dry we would not anticipate problems.

Kootsikas, Pete Apr 10 2007 4:39PM

Consumer is calling back 30 minutes after initial call; she is now complaining of chest pain/tightness in her chest. She had gone and gotten fresh air. Caller was breathing heavily.

Informed the caller this is not an anticipated result of this type of exposure to the product. Recommend she see MD stat for the symptoms she is describing.

Sent to LT

Nystuen, Amy Apr 12 2007 4:04PM

Called and left message on machine to Cb and gave Cb # and case #.

Nystuen, Amy Apr 14 2007 1:13PM

Called and left message on machine to Cb and gave Cb # and case #.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>Adult (20-64 years)</i> Sex: <i>Female</i> Occupation (if relevant): <i>NA</i>	Exposure route: <i>Inhalation/Respiratory</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>30 min or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>PCC Referral to HCF</i>	List signs/symptoms/adverse effects <i>Cardiovascular-Chest Pain (inc non-cardiac)</i> <i>Respiratory-Cough/choke</i> <i>Respiratory-Dyspnea/Shortness of Breath</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>			
			Internal ID # <i>175314-1</i>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 178017
	Address [REDACTED]	Address		
	Phone # [REDACTED]	Phone #		
	Incident Status: <i>New</i>	Location and date of incident <i>Tilden, TX USA 04/17/2007</i>	Date registrant became aware of incident. <i>04/19/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-167</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) <i>DEET, Ethanol</i>	A.I. (s)	A.I. (s)	
	Product 1 name <i>OFF! Deep Woods Insect Repellent V 6 oz. Aerosol</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i> Applicator certified? <i>UNK</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

*Swedlund, Christy Apr 19 2007 8:14AM
warm transfer*

Hx: Caller states that he applied the product to his face 2 days ago. He did not wash the product off his face before going to sleep for the night. When he woke the next morning his right eye was red and irritated. He went to a local medical clinic where they irrigated his eye for 20 minutes and sent him home with no other treatment. He works with hard metals and has gotten metal pieces in his eyes before. His eye is still red since rinsing it 15 hours ago at the clinic.

A: This product is an eye irritant and we not anticipate any serious injury to eye. We rec. flushing eye for 15 minutes. Do not use any eye drops such as Visine or Murine. Allow eyes to rest. Since sxs are still present Call MD for consult, something else may be going on with the eye.

Nystuen, Amy Apr 20 2007 11:20AM

Called and [REDACTED] went to the doctor and found out it was metal in his eye and not the product and was given drops and now his eye is better. Thanked us for the cb.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>23 Year(s)</i> Sex: <i>Male</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Ocular</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NA</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>24 hrs or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-treated & released</i>	List signs/symptoms/adverse effects <i>Ocular-Ocular irritation/pain</i> <i>Ocular-Redness/Conjunctivitis</i>	If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>	
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p><i>Unrelated cause. Patient found to have metal shaving in his eye.</i></p>			
			Internal ID # <i>178017</i>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 178908
	Address [REDACTED]	Address		
	Phone # [REDACTED]	Phone #		
	Incident Status: <i>New</i>	Location and date of incident <i>Barnegat, NJ USA 04/22/2007</i>	Date registrant became aware of incident. <i>04/22/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-293</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name <i>OUST Air Sanitizer - Outdoor Fresh</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>Yes</i> Intentional misuse? <i>Yes</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Rowan, Bobbi Apr 22 2007 1:41AM

Caller wants to know if the product when sprayed on the skin is going to cause blistering. Gives no further information on product or exposure and disconnects.

A: Product is not corrosive and does not cause blistering of the skin.

CB: Was permitted to get more information on exposure before they disconnected. Still unable to collect lot# and address information.

HX: Caller states that the product was sprayed on his genitals that had just been shaved earlier in the day. Caller states that immediately after exposure his skin started to be irritated and red. there are small red bumps over the area that he believes are 'blistered'. He has showered and placed a triple antibiotic ointment over the area and the irritation has resolved.

A: The product has a wide margin of safety. There is an alcohol in the product on if it comes into contact with already broken skin this may cause some irritation. The product will not cause blistering or burns of the skin. If sxs persist please consult MD for further treatment.

Yerbich, Heather May 1 2007 9:42AM

Callback attempted, left message on answering machine requesting follow-up; included case and phone number.

Swedlund, Christy May 3 2007 11:04AM

Callback: Caller states that he is still having irritation and a rash in his genital area and around his anus. He also reports severe itching inside his penis. Within the past 3 days he has the same rash starting around his neck and down his arms. Caller has been prescribed Zyrtec 10mg and Cephalexin 250mg by MD. Caller is also on various other medications for back problems. The burning sensation he has where the rash is 9on his body is temporarily relieved by using antibacterial soap in the shower but the irritation returns after he has dried off.

Rec. continuing to follow-up with MD.

cell phone

home #1

home #2

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>30 Year(s)</i> Sex: <i>Male</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NA</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>30 min or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD</i>	List signs/symptoms/adverse effects <i>Dermatological-Bullae/Blisters</i> <i>Dermatological-Dermal irritation/Pain</i> <i>Dermatological-Erythema/Flushed</i> <i>Dermatological-Rash</i>	If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>	
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # <i>178908</i>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 1 of 1

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PART 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 179420-1
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>PORTSMOUTH, OH USA 04/23/2006</i>	Date registrant became aware of incident. <i>04/23/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-399</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <i>DEET / 25.00%</i>	A.I. (s)		A.I. (s)
	Product 1 name <i>OFF! Active Insect Repellent IV Sweat Resistant Pump Spray 3 oz.</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Pump Spray</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

*Peterson, Holly Apr 23 2007 4:28PM
CRC transfer*

Hx: Caller stated that she used the product last summer. Her children experienced a rash within a short amount of time after use. She is wondering if she can use this again. Unable to get lot or UPC caller discarded the product.

Pt 1 - She experienced hives, a rash arms, and back within 20 minutes. She bathed the product off. S/sxs cleared within 2 days.

Pt 2 - She experienced hives, a rash on legs, arms and back within 20 minutes. She bathed the product off. S/sxs cleared within 2 days.

Pt 3 - He experienced hives and a rash on the legs and feet within 1 hour. He bathed the product off. His s/sxs cleared within 24 hours.

A: Rec. discontinue use. This is not an expected effect following routine use of the product. There are many potential causes for the s/sxs described which may include a sensitivity to the product. C/b prn

Stauffenecker, Dena Apr 23 2007 5:49PM

The following email incident report was sent to SafetyCall by SCJ for additional documentation:

Reference Number: 013243570A

Date: 04/23/07

Email: [REDACTED]

Consumer reports, 'Hello We have 5 children whom attend summer camp every year and every year and more than once we always buy each of them their own pump spray bottle of Off repellent to take to camp with them.. We purchased off active..for all five children and 3 of the children broke out in a horrible rash...this has never happend before and I was shocked because your product is wonderful and we have ALWAYS used it but Mabey we will stick to deep woods from now on becасue I dont think the Active Brands are for sensitive skin.. thanks for time.'
[REDACTED]

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>12 Year(s)</i> Sex: <i>Female</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>30 min or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>None</i>	List signs/symptoms/adverse effects <i>Dermatological-Hives/Welts</i> <i>Dermatological-Rash</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # <i>179420-1</i>

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 179420-2
	Address [REDACTED]	Address		
	Phone # [REDACTED]	Phone #		
	Incident Status: <i>New</i>	Location and date of incident PORTSMOUTH, OH USA 04/23/2006	Date registrant became aware of incident. 04/23/2007	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 4822-399	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) DEET / 25.00%	A.I. (s)	A.I. (s)	
	Product 1 name OFF! Active Insect Repellent IV Sweat Resistant Pump Spray 3 oz.	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation <i>Pump Spray</i>	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i> Applicator certified? <i>UNK</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

*Peterson, Holly Apr 23 2007 4:28PM
CRC transfer*

Hx: Caller stated that she used the product last summer. Her children experienced a rash within a short amount of time after use. She is wondering if she can use this again. Unable to get lot or UPC caller discarded the product.

Pt 1 - She experienced hives, a rash arms, and back within 20 minutes. She bathed the product off. S/sxs cleared within 2 days.

Pt 2 - She experienced hives, a rash on legs, arms and back within 20 minutes. She bathed the product off. S/sxs cleared within 2 days.

Pt 3 - He experienced hives and a rash on the legs and feet within 1 hour. He bathed the product off. His s/sxs cleared within 24 hours.

A: Rec. discontinue use. This is not an expected effect following routine use of the product. There are many potential causes for the s/sxs described which may include a sensitivity to the product. C/b prn

Stauffenecker, Dena Apr 23 2007 5:49PM

The following email incident report was sent to SafetyCall by SCJ for additional documentation:

Reference Number: 013243570A

Date: 04/23/07

Email: [REDACTED]

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[REDACTED]

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>11 Year(s)</i> Sex: <i>Female</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>30 min or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>None</i>	List signs/symptoms/adverse effects <i>Dermatological-Hives/Welts</i> <i>Dermatological-Rash</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # <i>179420-2</i>

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 179420-3
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>PORTSMOUTH, OH USA 04/23/2006</i>	Date registrant became aware of incident. <i>04/23/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-399</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <i>DEET / 25.00%</i>	A.I. (s)		A.I. (s)
	Product 1 name <i>OFF! Active Insect Repellent IV Sweat Resistant Pump Spray 3 oz.</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Pump Spray</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

*Peterson, Holly Apr 23 2007 4:28PM
CRC transfer*

Hx: Caller stated that she used the product last summer. Her children experienced a rash within a short amount of time after use. She is wondering if she can use this again. Unable to get lot or UPC caller discarded the product.

Pt 1 - She experienced hives, a rash arms, and back within 20 minutes. She bathed the product off. S/sxs cleared within 2 days.

Pt 2 - She experienced hives, a rash on legs, arms and back within 20 minutes. She bathed the product off. S/sxs cleared within 2 days.

Pt 3 - He experienced hives and a rash on the legs and feet within 1 hour. He bathed the product off. His s/sxs cleared within 24 hours.

A: Rec. discontinue use. This is not an expected effect following routine use of the product. There are many potential causes for the s/sxs described which may include a sensitivity to the product. C/b prn

Stauffenecker, Dena Apr 23 2007 5:49PM

The following email incident report was sent to SafetyCall by SCJ for additional documentation:

Reference Number: 013243570A

Date: 04/23/07

Email [REDACTED]

Consumer reports, 'Hello We have 5 children whom attend summer camp every year and every year and more than once we always buy each of them their own pump spray bottle of Off repellent to take to camp with them.. We purchased off active..for all five children and 3 of the children broke out in a horrible rash...this has never happend before and I was shocked because your product is wonderful and we have ALWAYS used it but Mabey we will stick to deep woods from now on becasue I dont think the Active Brands are for sensitive skin.. thanks for time.'

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>11 Year(s)</i> Sex: <i>Male</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NA</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>30 min or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>None</i>	List signs/symptoms/adverse effects <i>Dermatological-Hives/Welts</i> <i>Dermatological-Rash</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # <i>179420-3</i>

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1	Reporter Name [REDACTED]		Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 180266
Administrative Data	Address [REDACTED]			Address	
	Phone # [REDACTED]			Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Beverly Hills, FL USA 04/19/2007</i>	Date registrant became aware of incident. <i>04/26/2007</i>	Was incident part of larger study? <i>No</i>	
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-271</i>		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Wasp and Hornet Killer - 17.5 oz</i>		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Aerosol</i>		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>	
	Intentional misuse? <i>No</i>				
	Applicator certified? <i>UNK</i>				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>				

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Rathsack, Cara Apr 26 2007 7:45AM

Hx: Caller states that she had a PCO come out to her house to take care of a nest. They 'shot' the product behind a rock wall in the house. 3-4 days later caller started experiencing SOB and has to use her inhalers more. Caller is wondering if product would cause SOB. Caller is unable to find lot #.

A: Product has low toxicity. Unclear how an exposure could possibly have occurred given the described scenario and would not expect sxs to be delayed 3-4 days after product was used. Rec to f/u with MD. Cb prn. Notified LT.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>Adult (20-64 years)</i> Sex: <i>Female</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Inhalation/Respiratory</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>1 week or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-unknown disposition</i>	List signs/symptoms/adverse effects <i>Respiratory-Dyspnea/Shortness of Breath</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # 180266

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 180352
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Loveland, OH USA 04/19/2007</i>	Date registrant became aware of incident. <i>04/26/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-479</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Ant and Roach Killer with Germfighter 17.5 oz</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Warren, Anita Apr 26 2007 11:52AM

Hx: Caller stated she used the product a week ago in her 3 season porch and now she has the flu. Caller stated she is wondering if this product can cause the flu. Caller stated she's had vomiting and diarrhea the past couple of days.

A: Informed the caller this product has a wide margin of safety and is not known to cause the flu. Rec MD consult for the s/sxs described. C/b prn.

Yerbich, Heather May 3 2007 8:17AM

Cb complete. Caller has gone to the MD and give antibiotics to help treat the flu that she has. Caller continues to experience some irritation in her chest. Reset.

Brandetsas, Dimitri May 7 2007 12:24PM

Callback. Left message with case number and callback number. Case Closed.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>Senior (>64 years)</i> Sex: <i>Female</i> Occupation (if relevant): <i>NA</i>	Exposure route: <i>Inhalation/Respiratory</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>3 days or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-treated & released</i>	List signs/symptoms/adverse effects <i>Gastrointestinal-Diarrhea</i> <i>Gastrointestinal-Vomiting</i> <i>Respiratory-Respiratory irritation</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # 180352

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 180624
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Benton Harbor, MI USA 04/25/2007</i>	Date registrant became aware of incident. <i>04/26/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-447</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Ant and Roach Insect Killer 17 Outdoor Fresh 17.5 oz</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Aerosol</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Jurovich, Melissa Apr 26 2007 10:56PM

Hx: Caller stated that her friend came in contact with the product and had a reaction. Caller was inquiring about the ingredients in the product. Pt. has been seen by a MD. Caller sprayed the product a few days before the pt. sat in the house.

A: Rec. following up with MD if s/sxs persist. Pt. could be caused from another source. For tx use Aloe Vera and Vit. E. capsules as well as cool compresses. C/B prn.

Rodriguez, Joy May 2 2007 3:27PM

Caller stated they took him to the emergency room and they gave him prednisone, a shot of unknown medication, some benadryl and some pills to take home also of unknown medication. He was asx within 3 days. complete.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 32 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Dermal	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER	List signs/symptoms/adverse effects Dermatological-Hives/Welts		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # 180624

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 180828
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Webster, TX USA 04/13/2007</i>	Date registrant became aware of incident. <i>04/27/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-529</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <i>Avermectin B1 / 0.01%</i>	A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Ant Baits III USA (4 count)</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Bait</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Yeager, Greg Apr 27 2007 2:50PM

see notes below

Yeager, Greg Apr 27 2007 3:28PM

CRC Transfer

Hx: Caller had an ant bait placed on the floor in her home 2 weeks ago. Caller laid on the floor perform her back exercises, and fell asleep on the floor. Caller woke up with an ant in her right nostril, and believes that she inhaled the ant when she woke up and tried to remove the ant. Three days later caller began to notice drainage from her right nostril, and developed a headache. Sxs have persisted since, and caller has also been sneezing and coughing. Caller is wondering if she may have been poisoned by product if ant was in the bait before she inhaled it. Caller does not have box to give UPC #. Caller gave EPA Reg # as recorded, but did verify name and AI for product.

A: Informed caller that product has a low level of toxicity and a wide margin of safety. Would not anticipate transfer of any significant amount of product from ant if ant was in bait prior to contact. The Raid bait is not responsible for her protracted illness. Appears as if she may have a sinus infection. Rec MD evaluation due to sxs, and have MD call with any questions about product. CB with any further questions.

Notified LT.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 69 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 3 days or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-unknown disposition	List signs/symptoms/adverse effects Neurological-Headache Respiratory-Cough/choke Respiratory-Nasal discharge Respiratory-Sneezing		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>			
			Internal ID # 180828

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1	Reporter Name [REDACTED]		Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 181526
Administrative Data	Address [REDACTED]			Address	
	Phone # [REDACTED]			Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Temple, PA USA 04/29/2007</i>	Date registrant became aware of incident. <i>04/30/2007</i>	Was incident part of larger study? <i>No</i>	
Row 2	EPA Registration # (Product 1) <i>4822-529</i>		EPA Registration # (Product 2)		EPA Registration # (Product 3)
Pesticide(s) Involved	A.I. (s) <i>Avermectin B1 / 0.01%</i>		A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Ant Baits III USA (4 count)</i>		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Bait</i>		Formulation		Formulation
Row 3	Evidence label directions were not followed? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>	
Incident Circumstances	Intentional misuse? <i>No</i>				
	Applicator certified? <i>UNK</i>				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>				

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

*LeMaster, Steve Apr 30 2007 8:13AM
Warm Transfer*

*UPC#: 46500 01689
LOT#: unable to locate*

Reports that wife had opened box of bait stations on counter where he was making a meal — ate some of the food - and within several min developed a 'choking' sensation. Was seen at local ER. Appears that he had endoscopy done ('they stuck a camera down my throat') and was unable to find anything wrong. Was subsequently discharged after a few hrs and instructed to f/u with usual MD if sx persist. This sensation has been intermittent since yesterday.

A: Unclear how exposure actually occurred,. Not an expected effect. Agree with further eval by usual MD if problematic - can have them call if ?'s.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 89 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER	List signs/symptoms/adverse effects Respiratory-Cough/choke		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
181526

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1	Reporter Name Rex Riis	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 181746
Administrative Data	Address SD Forensic Lab 1302 E Highway 14 Suite 6 Pierre, SD 57501 USA		Address	
	Phone # (605) 773-7836		Phone #	
	Incident Status: New	Location and date of incident Pierre, SD USA 04/25/2007	Date registrant became aware of incident. 04/30/2007	Was incident part of larger study? No
Row 2	EPA Registration # (Product 1) 4822-167	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) DEET, Ethanol	A.I. (s)	A.I. (s)	
	Product 1 name OFF! Deep Woods Insect Repellent V 6 oz. Aerosol	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? Yes	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? Yes Intentional misuse? Yes	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Other	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/formulating). See Incident Description Notes	
Incident Circumstances	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Gualtieri, John Apr 30 2007 3:09PM

Transfer report from CRC.

The consumer is a crime scene investigator and is investigating a crime in which the police think that Deep Woods Off may have been sprayed into the face of the victim in order to subdue them. In order to do his investigation the investigator needs information like the ingredients, how to test for the presence of the ingredients and the rate of dissipation, etc. He would like a call back from someone who would know about the chemistry/characteristics of the product.

Gualtieri, John Apr 30 2007 5:17PM

Spoke to Mr. Riis who is a forensic investigator for local law enforcement. He states that this product was used during an armed robbery attempt on April 23. Apparently, the suspect used a can of OFF! Deep Woods purchased in the store to subdue the store clerk so that he could tie her up. He does not have information as to recovery of the store clerk, but it was his impression that she was doing OK after treatment in a local medical facility.

They would like to know what the best way would be to test the store clerks clothing for the presence of the spray as they need forensic evidence that the spray was used as a weapon.

REC: Explained that the ethanol in this product may be difficult to detect if there as been several days since the exposure, and the ethanol would like have evaporated by now. They should still attempt to test for ethanol. DEET may be a better agent to target since this may likely stay on the clothing for a much longer period of time. Also stressed, that conceivably, the suspect may have sprayed the store clerk in such a manner as to limit the exposure to just the face and eyes, while excluding the clothing.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 22 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Dermal Ocular	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER	List signs/symptoms/adverse effects Ocular-Ocular irritation/pain Ocular-Redness/Conjunctivitis		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
			Internal ID # 181746

Personal privacy information

- 016

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 1

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. May 29, 2007	Contact person (if different than reporter)	Internal ID 181852
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Cool Ridge, WV USA 04/16/2007</i>	Date registrant became aware of incident. <i>04/30/2007</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>4822-273</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name <i>Raid Flea Killer Plus Carpet and Room Spray 16 oz</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Aerosol</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>Yes</i> Intentional misuse? <i>Yes</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 2

Brief description of incident circumstances.

Peterson, Holly Apr 30 2007 6:22PM

HX; Caller stated that she sprayed the product on her truck seats 2 weeks ago. She waited several hours before getting back into the truck to sit on the seat. She experienced itching and boils on the butt and waistband, ranging from the size of a quarter up to the size of her fist within 2-3 days. Several of the boils have popped. She does wear clothes while she is seating on the seat.

A: Rec. seeking MD consult. Look etiologies for the s/sxs described. Once the product is dry we would not anticipate any problems with the routine use of this product. This product has a low level of toxicity and wide margin of safety. C/b prn

Nystuen, Amy May 4 2007 11:59AM

Called and left message on machine to Cb and gave Cb # and case #.

Nystuen, Amy May 5 2007 12:53PM

Called and left message on machine to Cb and gave Cb # and case #.

LeMaster, Steve May 7 2007 10:01AM

reviewed

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 45 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 3 days or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-unknown disposition	List signs/symptoms/adverse effects Dermatological-Boils Dermatological-Pruritis (itching)		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
181852